

**HR Reps – Please call Account Manager first, Carol Syferski- 1-877-579-6468.**  
**She completes this form for you and will email it to you.**

**The information she will need from you is in red.**

**METRO NASHVILLE FORMAL REFERRAL FORMS**



Please fax these 2 documents to **(248) 680-4765**

Date: **The date you call**

Referral # **Carol will give you**  
**this number**

**Employee Name:** [REDACTED]

**Subject:** Referral to the **Ulliance Employee Assistance Program**

This memo is to notify you that you are being referred to the ULLIANCE Employee Assistance Program for any help you might need in addressing any problem(s) that may be affecting your recent job performance/work behavior/policy violation. The work performance problem(s) listed below are of concern.

**Job Performance Concern**

**Describe:** [REDACTED] **What was the situation that prompted the mandatory referral?**

ULLIANCE may assist you in addressing any problems that may be affecting your work performance. They are also available to discuss other matters as well. This referral is a result of the company's concern for you as an employee and as a person. This is an opportunity for you to get assistance dealing with any concerns that may be interfering with your ability to meet expected job performance responsibilities.

We urge you to take advantage of the services offered by Ulliance. The only information that will be shared by Ulliance with the department is the information that you authorize Ulliance to disclose. The following page details this information.

**Please call ULLIANCE for an appointment by the following date:** [REDACTED]. Failure to call within the time frame to schedule an appointment will be considered non-compliance with this formal referral.

**ULLIANCE Employee Assistance Program**  
**1-877-871-NASH (6274)**

**The reason for the referral and referral information has been reviewed with me.**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



## CLIENT INFORMATION RELEASE AUTHORIZATION

I, **Employee Name** [REDACTED], hereby authorize **ULLIANCE** to release information [via written, oral, fax or e-mail communication] obtained during my involvement regarding this Formal Referral with the Employee Assistance Program to the following individual(s)/ organization and only under the conditions listed below:

**1. Name and title of person and organization to whom disclosure of client information is to be made:**

**Name / Title:** [REDACTED] HR Rep making the formal referral & who will receive updates

**Name / Title:** [REDACTED] A secondary contact for the release form

**Name / Title:** Dirk Essary, Human Resources

**Organization:** Metro Nashville Government - [REDACTED] Department

**2. Specific type of information to be disclosed:**

- ☒ Attendance
- ☒ Contact with ULLIANCE/provider re: seeking counseling
- ☒ Availability for work; time off needed for treatment
- ☒ Compliance with treatment recommendations
- ☒ Referral beyond EAP has occurred. Type of referral not to be disclosed.

**3. The purpose or need for such disclosure:**

- ☒ Job Requirement

**4. This consent is subject to revocation** at any time except to the extent that the program which is to make the disclosure (ULLIANCE) has already taken action in reliance on it. If not previously revoked, this consent will terminate upon:

- ☐ A. Date \_\_\_\_\_
- ☐ B. Event: 120 days after case has been closed.
- ☐ C. Condition \_\_\_\_\_

(What this means is, ULLIANCE can release the information noted above until the date you cancel this release authorization or 120 days after this case has been closed.)

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

This form is in compliance with title 42 of the code of Federal Regulations Part II and HIPAA. It does not authorize disclosure of information to a third party.